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paralysis, most authors mentioning them, but without offering any proof, there existing only a small number of observations that are truly conclusive, and most of the authors failing to distinguish, from the point of view of the production of these fractures, between dementia and general paralysis.

Froelich's case was that of a man of 43 years, who presented himself as an out patient, having a fracture of both bones of the fore-arm. Three days before on lifting a shovelful of dirt he felt a slight pain in his arm and at the same time heard a slight cracking, but he continued his work.

The clinical history as given by Froelich leaves no doubt that the patient was suffering from general paralysis. That the fracture was really spontaneous there seems to be no doubt, since shoveling dirt would not produce a fracture in a normal man. The manipulations necessary for putting the arm in a plaster dressing caused no pain to the patient. The patient returned five weeks later to have the plaster removed; union was complete. At the same time he showed his right arm, and examination showed that the two bones of the fore-arm were broken. He had slipped on a flight of stairs, and in falling struck with the back of hand, not very strongly, on some coal in a basket that he was assisting in carrying. The traumatism here was more considerable than in the first instance, but the shock was not violent and he did not know that he had broken any bones.

The points of interest are:

1. In a general paralytic, whose disease had existed over 6 months, two spontaneous fractures occurred at intervals of 5 weeks.
2. These fractures caused no pain to the patient at the moment of their production, nor at the time of their reduction.
3. The union was rapid, as has already been noted for this class of fractures.

BUDDEBERG, *Ueber die akut verlaufende depressive Form der Dementia paralytica*, Allg. Zt. f. Psychiatrie 1890 XLVI. 682.

Within a short period Buddeberg observed five cases of the depressive form of general paralysis. On entrance all three cases presented the classical picture of agitated melancholia; only in three cases was there a certain diminution of memory. Patients complained loudly of their misery, wrung their hands in despair, ran unsteadily about, and refused nourishment; hypochondriacal complaints were more rarely shown. After a short time there developed in all the cases signs of a profound organic lesion of the brain, as shown in difference and immobility of the pupils, pareses, etc. To the paretic symptoms there was added a rapid loss of mental powers, nutrition was greatly reduced, and on the entrance of intercurrent, febrile diseases, the disease ended fatally in the course of a few months; only one case lasted eleven months. Autopsies in four cases; the brains in general showed signs of a very acute encephalitis, the cortical substance being already in part atrophied. A cystoid degeneration of the cortical substance such as Schüle and Ripping have described for this form was not observed. As regards etiology four cases were hereditarily predisposed. Besides *trauma capitis*, mental over-exertion and work appeared to be important predisposing causes, but the number of cases is too limited to permit definite conclusions to be drawn. Patients all males.

COTTAM, *A case of general paralysis of the insane with crossed reflexes*, Lancet 1891 II. 288.

The patient was a male, age 55. The clinical history presented the usual mental and physical signs of general paralysis. The particular symptom of "crossed reflexes" was noticed after the disease had

advanced to the stage that compelled the patient to be kept continually in bed. At this time, in addition to the exaggerated knee-jerks, it was noticed that tapping of either patellar tendon was associated with a contraction over the outer and upper part of the opposite thigh in front. This crossing occurred with both knee-jerks: but on tapping the left patellar tendon, the contraction on the right thigh was more marked than that on the left thigh, which followed tapping of the right patellar tendon. That this was not due to what Ross calls the "physical diffusion of vibration" was, Cottam thinks, shown by the fact that the contractions could be plainly felt as well as seen, and also that the crossed contractions, which could almost always be elicited, occurred after the ordinary reflex. Again, the plantar reflexes were faint, but associated with the same phenomenon, the "crossed contractions" occurring in the same locality as in the case of those following the knee-jerks. "Front tap" contractions could be obtained, and these also brought out a precisely similar "crossed contraction." Ankle-clonus was faintly present, and there was not any crossing. Of the other reflexes, none of which showed any associated crossing, the interscapular, abdominal, and epigastric were absent, the gluteal brisk, cremasteric faint, and the pupillary sluggish. No autopsy could be obtained. Prevost, who has reported a similar case of crossed reflexes, regarded the crossing as due to the physical diffusion of the vibration, for he found that "section of all the nerves and posterior nerve roots of one limb of an animal does not abolish this crossed contraction." With regard to the two theories regarding the nature of the knee-jerk, Cottam considers that his case is an argument in favor of the theory that holds the knee-jerk "to depend on a centre in the spinal cord," as against the theory that the "contraction of the quadriceps is due to local irritation of the muscles from sudden elongation," and he asks how we are to account for the contraction in the opposite limb if the contraction depends on local muscular irritation. He denies the probability of any vibration, and thinks that the only diffusion that occurred was from the one to the other side of the spinal cord itself.

GARNIER, *La folie à Paris, la progression cérébrale de la folie alcoolique et de la paralysie générale*, Annales d'hygiène publique et de médecine légale 1890 (3) XXIII. 5.

1. Statistics show that the number of the insane in Paris has increased in recent years in very strong proportions, the frequency of insanity having increased about 30% from 1872 to 1888.

2. Mental alienation is more common in men than in women (men 55.6%, women 38%.—General statistics of the préfecture de police).

3. The statistics of the increase of insanity for the two sexes in the triennial period, 1886-1888, is for men 59.35%; for women 40.64%.

4. Insanity considered as a whole and with regard to its monthly movement regularly attains its maximum frequency each year in June, and its manifestation or the development of the period of access, both among men as among women, seems to be favored by the influence of spring.

5. The increase of cases of mental disease in recent years is first of all shown in two types, whose frequency has increased very rapidly, alcoholic insanity and general paralysis.

6. The increase of alcoholic insanity is so rapid that its frequency is to-day twice as great as five years ago, and the commitments have increased 25% in the course of the last triennial period. It forms almost a third of the cases of mental diseases seen at the special infirmary.

7. Females have a proportional participation in this increase, and this participation tends to become greater and greater.

8. The frequency of alcoholic insanity is subject to strong monthly